



Military and Civilian Injury Reporting Requirements



The Big Picture
Safety's Most Important Job
OSHA 300 Log
It Starts With You
On-Duty or Off-Duty
First Aid or Medical Treatment
Accident Classification & Reporting
AGAR Form
Reporting Requirements in Review
Workers' Compensation

Installation Safety Office

<http://www.lee.army.mil/safety/safety.office.aspx>

Lee.Safety.s1.reporting@us.army.mil

Lorraine.Brewster@us.army.mil (765-3861)

THE BIG PICTURE

Accident Prevention

Army Regulation 385-10

Safety

The Army Safety Program

Department of the Army
Pamphlet 385-40

Safety

Army Accident Investigations and Reporting

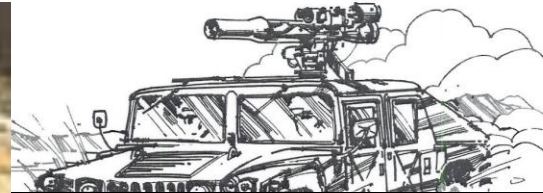


AGAR

Abbreviated Ground
Accident Report

Use and
Preparation
Guide

APRIL 2009



| U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) | | | | | | | |
|---|--|---|--|---|--|---|--|
| For use of this form, see DA Pamphlet 385-40; the reporting agency is DCSA. | | | | | | | |
| 1. ACCIDENT | | 2. PERIOD OF DAY | | 3. ADCT CLASS | | 4. COMBAT STATUS | |
| a. Yr. b. Mth. c. Day d. Time | | Day Night Dusk Dawn | | a. ADCT CLASS | | b. COMBAT STATUS | |
| 5. LOCATION | | 6. UNIT ADDRESS | | 7. UNIT'S BRANCH | | 8. GROUND COORDINATES | |
| a. UIC (4-digit Code) | | b. Unit Address | | c. Unit's Branch | | d. Grid Coordinates | |
| 9. EXIST LOCATION | | 10. OFF POST | | 11. EXPLOSIVES/AMMO INVOLVED | | 12. MET TEST | |
| a. Exist Location | | b. Off Post | | c. Yes No | | d. Yes No | |
| 13. BRIEFLY describe the mission. | | | | | | | |
| 14. EQUIPMENT INVOLVED | | | | | | | |
| a. Type of Item (Nomenclature) | | b. Make/Model # | | c. Serial # | | d. Ownership | |
| e. Estimated Cost of Damage | | f. Vehicle Collision | | g. EIR/GOR Submitted | | h. Yes No | |
| 15. MATERIAL FAILURE/MULTIFUNCTION INFORMATION (Bla. 5g-6i) | | | | | | | |
| a. Failure Mode | | b. Part Nomenclature | | c. Part # | | d. Part Manufacturer Code | |
| e. Estimated Cost of Damage | | f. Vehicle Collision | | g. EIR/GOR Submitted | | h. Yes No | |
| 16. WHY DID THE MATERIAL FAILURE/MULTIFUNCTION? (Check the root cause(s) in Bk. 10a. In Bk. 10b., explain how the root cause(s) led to the material failure/multifunction.) | | | | | | | |
| 17. LEADER (For needs, wiring or able to enforce standards) | | 18. STOP/PROCEDURES (Not used, not practical) | | 19. SUPPORT (Shortcomings in type, capability, amount or condition of equipment/supplies/services/facilities) | | 20. Describe how the material failure/multifunctioned and explain why (root cause). | |
| Direct Supervision | | AR SOP | | Equipment Improperly Designed | | Inadequate Maintenance | |
| Unit Command Supervision | | TM Other | | Equipment Not Provided | | Inadequate Maintenance | |
| Higher Command Supervision | | TM Other | | Inadequate Facilities/Services | | Other | |
| 11a. NAME (Last, First, MI) (include Address and UIC if different than Bk. 5a and 5b.) | | 12. SSN | | 13a. PERSONNEL CLASSIFICATION | | 13b. DATE ASSIGNED (YYYYMMDD) | |
| 14. HOME ADDRESS | | 15. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD) | | 16. DUTY STATUS | | 17. IF OFF DUTY (if on leave) Date From (YYYYMMDD) Date To (YYYYMMDD) | |
| 18. DGR (YYYYMMDD) | | 19. GENDER | | 20. PAY GRADE | | 21. FLIGHT STATUS | |
| 22. YES No | | 23. YES No | | 24. YES No | | 25. YES No | |

DA FORM 285-AB, FEB 2009

PREVIOUS EDITION IS OBSOLETE.

PAGE 1 of 2

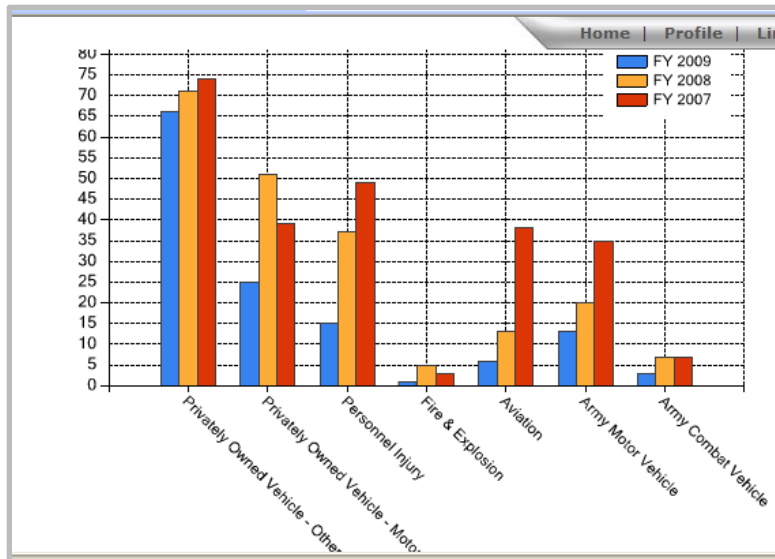
AFD PE 14102



Combat Readiness/Safety Center
<https://safety.army.mil/>

Trend Analysis

Trends



Contributing Factors

| Hazard |
|--|
| Excessive Speed |
| Failed To Stay Alert Or Attentive To What Was Happening |
| Failed To Use Required Safety Equipment/Device/Guard/Sign |
| Abrupt Control/Steering Response (Except While Turning) |
| Failed To Take Appro Precautions For Adverse Enviro Conditions |
| Improper Braking |
| Misjudged Clearance (Improperly Estimated/Evaluated) |
| Improper Use Of Equipment |
| Failed To Ensure Adequate Clearance/Space For Operation |
| Improper Turning |

Safety's most important job:

Safety Awareness & Accident Prevention

Awareness Materials

Media and Tools



POV & MOTORCYCLE SAFETY

The Driving Task Force conducts trend analysis, disseminates information, and develops tools and programs focused on privately owned vehicles, motorcycles, and recreational vehicle accidents, the leading cause of accidental deaths for Soldiers.

■ Personally Owned Vehicles (POV) -

- [Brochures](#) -
Find brochures that are specifically for your POV.
- [Posters](#) -
Find posters that are specifically for your POV.
- [Videos](#) -
Find videos that are specifically for your POV.

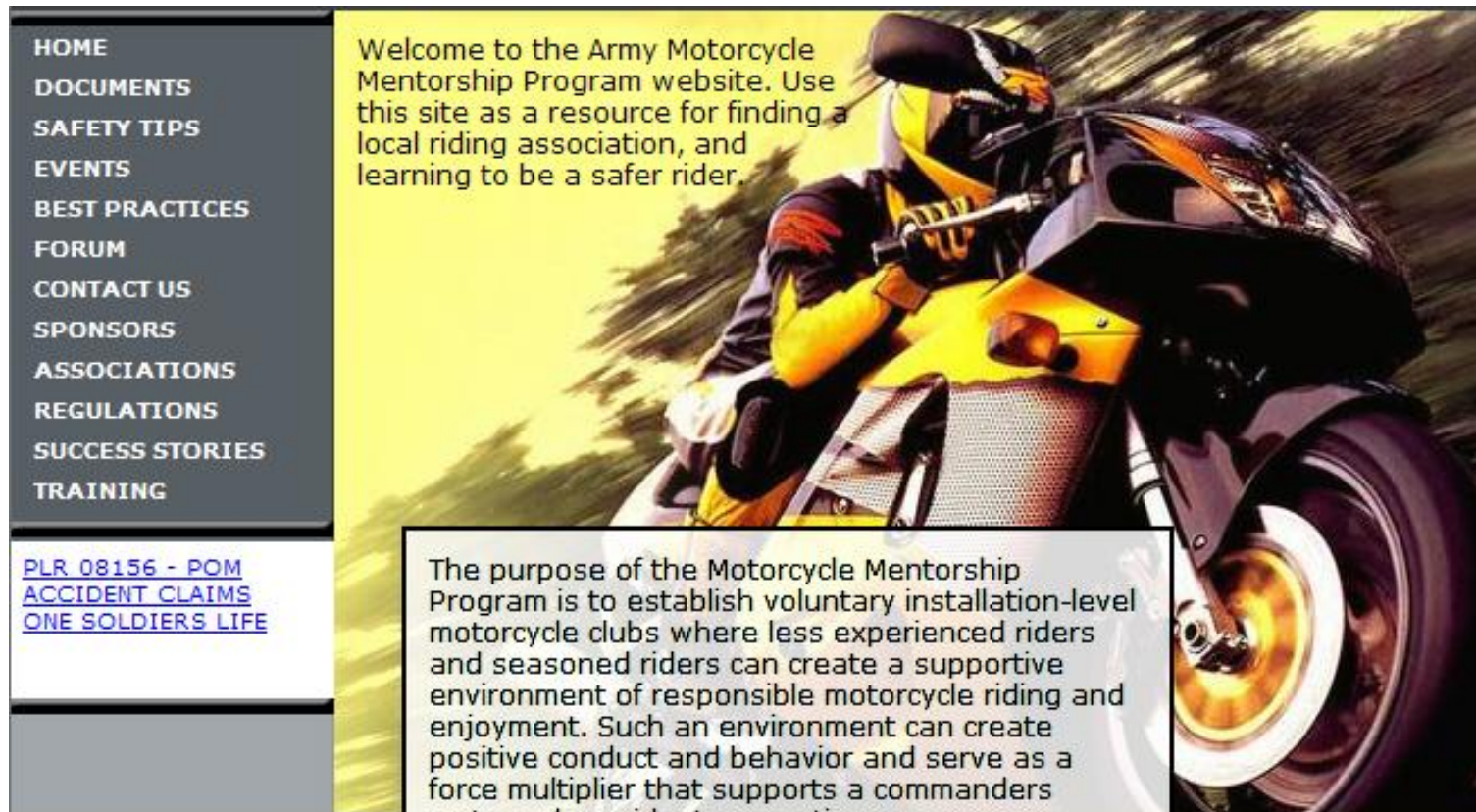
TOOLS

This section contains access to the POV Toolbox, TRIPS, Pre-Trip Checklist, and Six Point Program.

- [Veteran's Safe Driving Initiative](#)
- [Travel Risk Planning System - TRIPS](#)
- [POV Toolbox](#)
- [Driving / POV Pre-Trip Checklist & Inspection](#)
- [Driver's Training Toolbox](#)
- [Six Point Program](#)



Awareness Programs



HOME
DOCUMENTS
SAFETY TIPS
EVENTS
BEST PRACTICES
FORUM
CONTACT US
SPONSORS
ASSOCIATIONS
REGULATIONS
SUCCESS STORIES
TRAINING

[PLR 08156 - POM](#)
[ACCIDENT CLAIMS](#)
[ONE SOLDIER'S LIFE](#)

Welcome to the Army Motorcycle Mentorship Program website. Use this site as a resource for finding a local riding association, and learning to be a safer rider.

The purpose of the Motorcycle Mentorship Program is to establish voluntary installation-level motorcycle clubs where less experienced riders and seasoned riders can create a supportive environment of responsible motorcycle riding and enjoyment. Such an environment can create positive conduct and behavior and serve as a force multiplier that supports a commanders

Root Cause and Countermeasures

Human Error

SMART CARD/GTA

WARNING: At Gross Vehicle Weight (GVW) rapid steering action at speeds as low as 40 MPH increases your likelihood of a Roll-over (GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew with basic gear where applicable). Road conditions such as sand, debris, gravel or rain will further reduce stability.

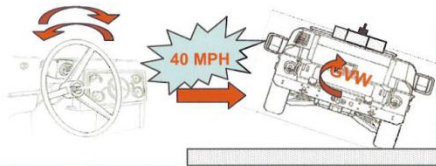
CONTRIBUTING FACTORS TO ROLL-OVER

*** Cargo placed high in vehicle *** Drivers Inexperience/Lack of Training ***
*** Overloading *** Road Conditions ***

ACTIONS TO REDUCE POTENTIAL ROLL-OVER

*** Conduct Driver's Training *** Stay Within Recommended Payloads ***
*** Place and Secure Cargo as low as possible in the vehicle ***
*** Reduce Speed when Anticipating a Rapid Maneuver ***
*** Maintain Tire Pressures of 40 psi front / 50 psi rear ***
*** Maintain Tire Pressures of 50 psi front / 50 psi rear with Frag Kit 5 Applied ***
*** Check Tire Pressures when Tires are Cold (have not been driven on for at least 3 hours) ***

** GVW is an Unloaded M1114/M1151A1/M1152A1/M1165A1 plus 4 crew (where applicable) with basic gear = 12,100 lbs., Addition of Frag Kit 5 exceeds GVW by at least 1000 lbs.**



Stopping Distance at 60 MPH

| | |
|---------------|--------------------|
| GVW | 13 Vehicle Lengths |
| GVW+2000 lbs. | 15 Vehicle Lengths |

WARNING: At 60 MPH on smooth dry pavement an overloaded M1114/M1151A1/M1152A1/M1165A1 has a braking distance of 15 vehicle lengths, compared to 13 vehicle lengths at GVW. Increased overload and/or road conditions such as sand, debris, gravel or rain will further increase stopping distances significantly.

CAUTION: Commanders must assess risk when vehicles are overloaded, or cargo is placed high in the vehicle, or traveling at speeds in excess of 40 mph. Rated GVW is 12,100 pounds.

Materiel Malfunction

Safety Bulletin

MRAP Gunners Hatch Safety OIF SB-028



Recently an MND-B Soldier was injured while performing duties as a gunner in an International model MRAP when the latching hardware securing the gunners hatch failed.

A snap ring on the pin the locking handle latches to came off (Photo B), which caused the pin to fall out. A spring then popped off the latch handle and due to vehicle momentum on a decline, the armored hatch slid forward and struck the Soldier in the legs. He suffered painful crushing injuries to both legs that resulted in two days lost time (quarters) and seven days of restricted duty.

A Product Quality Deficiency Report has been filed and the TACOM Logistics Area Representative has been informed of the problem. Until a fix is fielded, all MRAP crews should incorporate the following checks into "before" and "after" vehicle Preventive Maintenance Checks & Services to help prevent another gunner's hatch accident of this type.

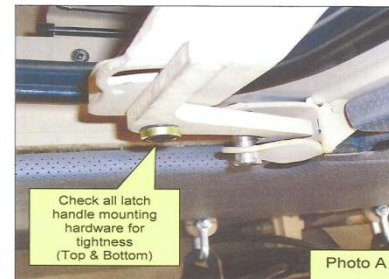


Photo A



Photo B

Safety's Most Important Job

➤ Accident Prevention

- Determine Root Causes
- Learn from the mistake
- Develop Countermeasures
- Data collection to determine Trends
- Training
- Education
- Tools
- Alerts

Occupational Safety and Health Act (OSHA)

Military and Civilian Injuries OSHA Log 300

| Identify the person | | Describe the case | | | | Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case | | | | Enter the number of days the injured or ill worker was: | | Check the "Injury" column or choose one type of illness | | | | | |
|---------------------|------------------------|------------------------------------|---|---|--|---|--------------------------|---------------------------------|----------------------------|---|--------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (A) Case no. | (B) Employee's name | (C) Job title (e.g., Welder) | (D) Date of injury or onset of illness | (E) Where the event occurred (e.g., Loading dock north end) | (F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch) | Remained at Work | | | | Away from work | On job transfer or restriction | (M) Injury or illness | | | | | |
| | | | | | | Death (G) | Days away from work (H) | Job transfer or restriction (I) | Other recordable cases (J) | (K) | (L) | (1) | (2) | (3) | (4) | (5) | (6) |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | month/day | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ____ days | ____ days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Employee Name
- Job Title
- Location where incident took place.
- Date of Injury or Onset or Illness
- Describe injury/illness, body part, cause, and treatment
- Death
- # of Days Away From Work beyond the day of injury.
- # of Days Job Transfer or Restriction/profile beyond the day of injury.
- Other Recordable Cases (medical treatment beyond 1st aid)

Accident Prevention Starts with You

AGAR
Abbreviated Ground
Accident Report

Use and
Preparation
Guide

APRIL 2011



| U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR) | | | | REQUIREMENTS CONTROL SYMBOL | |
|--|--|--|--|--|--|
| For use of this form, see DA Pamphlet 285-AB, the preparation agency is USGA | | | | | |
| 1. TIME & DATE OF ACCIDENT | | 2. PERIOD OF DAY | | 3. ACCT CLASS | |
| a. Unit Identification | | b. Unit Address | | c. Unit Branch | |
| 4. LOCATION OF ACCIDENT | | 5. Type Location | | 6. Unit Address | |
| 7. State/County | | 8. OR Post | | 9. EXPLOSIVE/ARMED INVOLVED | |
| 10. MISSION | | 11. Briefly describe the mission | | 12. MET. Task | |
| 13. VEHICLE/COMPONENTS INVOLVED | | 14. Make/Model # | | 15. Serial # | |
| 16. Material Failure/Defect Information (BIA, Bp 3) | | 17. Part # | | 18. Part M/N | |
| 19. a. Failure Mode | | b. Part Manufacturer Code | | 20. EIR/ODR Submitted | |
| 21. a. Type of Item (Nonfunctional) | | b. Make/Model # | | c. Serial # | |
| 22. Material Failure/Defect Information (BIA, Bp 3) | | 23. Part # | | 24. Part M/N | |
| 25. a. Failure Mode | | b. Part Manufacturer Code | | 26. EIR/ODR Submitted | |
| 27. WHY DID THE SYSTEM FAIL/MALFUNCTION? (Check the root causes) in BIA 10a. in BIA 10b. explain how the root causes led to the system failure/malfunction | | 28. Describe how the material failed/malfunctioned and explain why (per cause) | | 29. Describe how the material failed/malfunctioned and explain why (per cause) | |
| 30. a. Direct Supervision | | b. SOP | | c. Equipment Improperly Designed | |
| 31. Unit Command Supervisor | | 32. FM | | 33. Equipment Not Provided | |
| 34. Higher Command Supervisor | | 35. None Exist | | 36. Inadequate Maintenance | |
| 37. NAME (Last, First, MI) (include address and UIC if different than BIA 10a and b) | | 38. DOD (YYYYMMDD) | | 39. GENDER | |
| 40. HOME ADDRESS | | 41. MOS/JOB SERIES | | 42. PAY GRADE | |
| 43. DATE OF DEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD) | | 44. MOS/JOB SERIES | | 45. PAY GRADE | |
| 46. DOD (YYYYMMDD) | | 47. GENDER | | 48. FLIGHT STATUS | |

DA FORM 285-AB, FEB 2009

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PAGE 1 OF 2

| WORKSHEET FOR TELEPHONIC NOTIFICATION OF GROUND ACCIDENT | | | |
|--|--|--------------------------------|--|
| For use of this form, see DA Pamphlet 285-AB, the preparation agency is USGA | | | |
| Immediately notify USAC telephonically of all Class A and B accidents (AR 385-10, chapter 3. Phone numbers are Commercial 1-800-255-0890/255-0410 or DSN 1-800-255-0410) | | | |
| 1. POINT OF CONTACT FOR ACCIDENT INFORMATION | | 2. TIME & DATE OF NOTIFICATION | |
| a. Name | | b. Year | |
| c. Date | | d. Month | |
| e. Time | | f. Day | |
| 3. TYPE OF ACCIDENT | | 4. PERIOD OF DAY | |
| a. Class | | b. Night Vision | |
| c. Type | | d. Night Vision | |
| 5. TYPE OF EQUIPMENT INVOLVED | | 6. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 7. TYPE OF EQUIPMENT INVOLVED | | 8. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 9. TYPE OF EQUIPMENT INVOLVED | | 10. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 11. TYPE OF EQUIPMENT INVOLVED | | 12. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 13. TYPE OF EQUIPMENT INVOLVED | | 14. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 15. TYPE OF EQUIPMENT INVOLVED | | 16. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 17. TYPE OF EQUIPMENT INVOLVED | | 18. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 19. TYPE OF EQUIPMENT INVOLVED | | 20. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 21. TYPE OF EQUIPMENT INVOLVED | | 22. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 23. TYPE OF EQUIPMENT INVOLVED | | 24. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 25. TYPE OF EQUIPMENT INVOLVED | | 26. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 27. TYPE OF EQUIPMENT INVOLVED | | 28. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 29. TYPE OF EQUIPMENT INVOLVED | | 30. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 31. TYPE OF EQUIPMENT INVOLVED | | 32. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 33. TYPE OF EQUIPMENT INVOLVED | | 34. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 35. TYPE OF EQUIPMENT INVOLVED | | 36. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 37. TYPE OF EQUIPMENT INVOLVED | | 38. NIGHT VISION | |
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| 39. TYPE OF EQUIPMENT INVOLVED | | 40. NIGHT VISION | |
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| 41. TYPE OF EQUIPMENT INVOLVED | | 42. NIGHT VISION | |
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| 43. TYPE OF EQUIPMENT INVOLVED | | 44. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 45. TYPE OF EQUIPMENT INVOLVED | | 46. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 47. TYPE OF EQUIPMENT INVOLVED | | 48. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 49. TYPE OF EQUIPMENT INVOLVED | | 50. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 51. TYPE OF EQUIPMENT INVOLVED | | 52. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 53. TYPE OF EQUIPMENT INVOLVED | | 54. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 55. TYPE OF EQUIPMENT INVOLVED | | 56. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 57. TYPE OF EQUIPMENT INVOLVED | | 58. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 59. TYPE OF EQUIPMENT INVOLVED | | 60. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 61. TYPE OF EQUIPMENT INVOLVED | | 62. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 63. TYPE OF EQUIPMENT INVOLVED | | 64. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 65. TYPE OF EQUIPMENT INVOLVED | | 66. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 67. TYPE OF EQUIPMENT INVOLVED | | 68. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 69. TYPE OF EQUIPMENT INVOLVED | | 70. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 71. TYPE OF EQUIPMENT INVOLVED | | 72. NIGHT VISION | |
| a. Type | | b. Night Vision | |
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| a. Type | | b. Night Vision | |
| 75. TYPE OF EQUIPMENT INVOLVED | | 76. NIGHT VISION | |
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| 77. TYPE OF EQUIPMENT INVOLVED | | 78. NIGHT VISION | |
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| 79. TYPE OF EQUIPMENT INVOLVED | | 80. NIGHT VISION | |
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| 81. TYPE OF EQUIPMENT INVOLVED | | 82. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 83. TYPE OF EQUIPMENT INVOLVED | | 84. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 85. TYPE OF EQUIPMENT INVOLVED | | 86. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 87. TYPE OF EQUIPMENT INVOLVED | | 88. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 89. TYPE OF EQUIPMENT INVOLVED | | 90. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 91. TYPE OF EQUIPMENT INVOLVED | | 92. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 93. TYPE OF EQUIPMENT INVOLVED | | 94. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 95. TYPE OF EQUIPMENT INVOLVED | | 96. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 97. TYPE OF EQUIPMENT INVOLVED | | 98. NIGHT VISION | |
| a. Type | | b. Night Vision | |
| 99. TYPE OF EQUIPMENT INVOLVED | | 100. NIGHT VISION | |
| a. Type | | b. Night Vision | |

DA FORM 285-AB, FEB 2009

PREVIOUS EDITION IS OBSOLETE.

PAGE 1 OF 2

| RECORD OF INJURY | | | |
|--|--|-------------------|--|
| To be completed by Supervisor and delivered to garrison, if possible, to the unit and garrison | | | |
| 1. NAME (Last, First, MI) (include address and UIC if different than BIA 10a and b) | | 2. GRADE | |
| 3. GRADE | | 4. AGE | |
| 5. DUTY | | 6. RETURN TO DUTY | |
| 7. HOW INJURY OCCURRED | | 8. DATE | |
| 9. DATE | | 10. DATE | |
| 11. DATE | | 12. DATE | |
| 13. DATE | | 14. DATE | |
| 15. DATE | | 16. DATE | |
| 17. DATE | | 18. DATE | |
| 19. DATE | | 20. DATE | |
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| 29. DATE | | 30. DATE | |
| 31. DATE | | 32. DATE | |
| 33. DATE | | 34. DATE | |
| 35. DATE | | 36. DATE | |
| 37. DATE | | 38. DATE | |
| 39. DATE | | 40. DATE | |
| 41. DATE | | 42. DATE | |
| 43. DATE | | 44. DATE | |
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| 67. DATE | | 68. DATE | |
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| 75. DATE | | 76. DATE | |
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| 91. DATE | | 92. DATE | |
| 93. DATE | | 94. DATE | |
| 95. DATE | | 96. DATE | |
| 97. DATE | | 98. DATE | |
| 99. DATE | | 100. DATE | |

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PAGE 1 OF 2

Did incident happen on-duty or off-duty?

- **On-Duty**
 - Physically present at any location where work is performed
 - Activities incident to normal work activities such as lunch or rest breaks.
 - Transported for purpose of performing assigned work
 - Reimbursable travel in POV for TDY
 - Compulsory physical training or sports
- **Off-Duty**
 - Home or on leave
 - Traveling before and after official duties (to/from official duty or TDY station)
 - Voluntary installation team sports
 - TDY at no cost to government
 - Lunch or rest break engaged in activities unrelated to eating or resting

All injuries are **reported** to the Safety Office, but CRC is only notified if the injury is **recordable**.

- Report all injuries to Safety Office within 14 calendar days.
- Recordable Military and Civilian on-duty injury or illness
 - Death or Permanent Disability
 - Days away from work (a trainee is not training)
 - Restricted work, profiles, or transfer to another job
 - Loss of consciousness for any length of time
 - Significant injury or illness diagnosed by a licensed health care professional.
 - Aggravation of injuries or illness sustained prior to military service by current tenure of service.
 - **Medical treatment beyond first aid**
- Recordable Military off-duty injury or illness that affects duty status.
 - Death or Permanent Disability
 - Days away from work (a trainee is not training)
 - Restricted work, profile, or transfer to another job
 - **Medical treatment beyond first aid**

Medical treatment beyond first aid?

First Aid

Minor Treatment Anyone Can Provide

- Non- Prescription Medication
- Cleaning of surface wounds
- Bandages
- Hot or cold therapy
- Elastic bandages
- Drinking fluids for heat stress
- Diagnostics (x-rays, blood work)
- Hospitalization for observation

Medical Treatment

Only Medical Professionals Can Provide

- Prescription Medication
- Debridement
- Sutures, surgical glue
- Physical Therapy
- Splints or casts
- Intravenous fluids
- Oxygen
- Hospitalization for treatment

Accident Classification

- Class A
 - Cost of damages is \$2M or more
 - Injury/illness results in a fatality or permanent total disability
- Class B
 - Cost of damages is >\$500K but <\$2M
 - Injury/illness results in permanent partial disability
 - 3 or more personnel are inpatient hospitalized due to same incident

Worksheet for Telephonic Notification Of Ground Accident DA Form 7306

| WORKSHEET FOR TELEPHONIC NOTIFICATION OF GROUND ACCIDENT For use of this form, see AR 385-10; the proponent agency is OCSA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|---|--------|--|--|---|-----------------|--|--|--|-----|----|---|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Immediately notify USASC telephonically of all Class A and B accidents IAW AR 385-10, chapter 3. Phone numbers are: Commercial (334) 255-2660/2539/3410 or DSN 558-2660/2539/3410. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHADED BLOCKS ARE FOR USASC USE ONLY | A. ASMIS CASE NUMBER | | | B. TIME & DATE OPS RECEIVED REPORT | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | a. Year | b. Month | c. Day | d. Time (local) | | | | | | | | | | | | | | | | | | | | |
| 1. POINT OF CONTACT FOR ACCIDENT INFORMATION | | a. Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Duty <input type="checkbox"/> Commander <input type="checkbox"/> Safety Officer <input type="checkbox"/> Other (Specify) | | c. Phone Number | | DSN: | | Commercial: | | | | | | | | | | | | | | | | | | | | | |
| 2. ACCIDENT CLASSIFICATION <input type="checkbox"/> A <input type="checkbox"/> B | 3. TIME & DATE OF ACCIDENT | | | | 4. PERIOD OF DAY | | 5. ON/OFF DUTY | | 6. TYPE OF EQUIPMENT /MATERIEL INVOLVED | | | | | | | | | | | | | | | | | | |
| | a. Year | b. Month | c. Day | d. Time (local) | <input type="checkbox"/> Day <input type="checkbox"/> Night | <input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty | | | | | | | | | | | | | | | | | | | | | |
| 7. UNIT | | | | | 8. MACOM | | | 9. NIGHT VISION DEVISE IN USE <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | |
| 10. EXACT ACCIDENT LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. ON-POST/OFF-POST? <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post | | 12. MILITARY INSTALLATION NEAREST ACCIDENT SITE | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECK "YES" or "NO" FOR QUESTIONS 13 THROUGH 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED?</td> <td></td> <td></td> </tr> <tr> <td>14. IF YES TO #13, ARE THEY SECURE?</td> <td></td> <td></td> </tr> <tr> <td>15. ACCIDENT SITE SECURED IAW AR 385-10?</td> <td></td> <td></td> </tr> <tr> <td>16. HAS ACCIDENT SCENE BEEN DISTURBED?</td> <td></td> <td></td> </tr> <tr> <td>17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE?</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | | | | | | Yes | No | 13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED? | | | 14. IF YES TO #13, ARE THEY SECURE? | | | 15. ACCIDENT SITE SECURED IAW AR 385-10? | | | 16. HAS ACCIDENT SCENE BEEN DISTURBED? | | | 17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE? | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. EXPLOSIVE/HAZARDOUS/SENSITIVE MATERIALS INVOLVED? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. IF YES TO #13, ARE THEY SECURE? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ACCIDENT SITE SECURED IAW AR 385-10? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. HAS ACCIDENT SCENE BEEN DISTURBED? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. IF YES TO #16, WERE PHOTOS, ETC. MADE BEFORE DISTURBING THE SCENE? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 19. PERSONNEL INVOLVED | | a. No. of Personnel by Rank/Category ____ Officer ____ WO ____ Enlisted ____ Army Civilian ____ c. Highest Rank | | | | | | | | | | | | | | | | | | | | | |
| | | | | b. Total No. of Personnel | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 20. INJURIES (Enter # of each) ____ Fatalities ____ Non-Fatal Injuries | | As soon as possible, the following additional information is required on all injured personnel: name, personnel classification, degree of injury, and SSAN. | | | | | | | | | | | | | | | | | | | | | |
| 21. ACCIDENT SYNOPSIS (What happened) | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Accident Classification

- **Class C**
 - Cost of damages is **>\$50K but <\$500K**
 - Non-fatal injury/illness results in **time from work or training beyond day of incident**
- **Class D**
 - Cost of damages is **>\$2K but <\$50K**
 - Injury/illness results in:
 - **restricted work or training activity (profile)**
 - **Transfer to another job**
 - **Loss of consciousness for any length of time**
 - **Administration of O₂, IVs, prescription medication, or physical therapy**
 - **Potential contamination by another person's blood or potentially infections materials**
 - **Medical treatment beyond first aid**

Record of Injury Fort Lee Form 1051

Supervisor

| RECORD OF INJURY | | | | | |
|--|--|-----------|---|---|--------------|
| SECTION I - To be completed by Supervisor and delivered to patient, if possible, to dispensary or first aid station | | | | | |
| 1. LAST NAME - FIRST NAME - MIDDLE INITIAL (person injured) | | 2. GRADE | | 3. AGE | |
| 4. OCCUPATION OR DUTY WHEN INJURED | | 5. INJURY | | 6. RETURN TO DUTY | |
| | | | | 7. EXACT LOCATION WHERE INJURY OCCURRED | |
| | | HOUR | DATE | HOUR | DATE |
| | | | | | |
| 8. HOW INJURY OCCURRED | | | | | |
| 9. UNIT OR ORGANIZATION | | | | | |
| 10. NAME OF SUPERVISOR, MILITARY OR CIVILIAN | | | | 11. TELEPHONE | |
| SECTION II To be completed by Medical Officer or attendant for information of Supervisor and others, as appropriate | | | | | |
| 1. NATURE AND EXTENT | | | | | |
| 2. DISPOSITION (Check One) <input type="checkbox"/> RETURN TO REGULAR DUTY <input type="checkbox"/> RETURN TO WORK OF LIGHT NATURE <input type="checkbox"/> HOSPITAL | | | | | |
| <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> SEND HOME OR TO QUARTERS | | | | | |
| 3. ESTIMATE ABSENCE IN DAYS BEYOND WHICH INJURY OCCURRED | | | 4. NAME OF MEDICAL OFFICER OR ATTENDANT (Print or type) | | 5. TELEPHONE |

Physician

FT LEE FORM 1051-E
AUG 98

Reporting First Aid Injuries

- ☐ COPY 1 - SAFETY COPY
 - ☐ COPY 2 - SUPERVISOR'S COPY
 - ☐ COPY 3 - MEDICAL COPY
- (Please check appropriate copy)

 **AGAR**

U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT (AGAR)

For use of this form, see and DA Pamphlet 385-40; the proponent agency is OCSA

REQUIREMENTS CONTROL SYMBOL

CSOCS-308

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|------------------------------|--|---|--|---|--|--|--|-------------------------------|--|
| 1. TIME & DATE OF ACCIDENT | | a. Yr | | b. Mth | | c. Day | | d. Time | | 2. PERIOD OF DAY | | 3. ACCT CLASS | | 4. COMBAT STATUS | | <input type="checkbox"/> Combat <input type="checkbox"/> Non-Combat | | | | | |
| 5. UNIT IDENTIFICATION | | a. UIC (6-digit Code) | | | | b. Unit Address | | | | 5b | | | | c. Unit's Branch | | | | 5d. Army HQ's | | | |
| 6. LOCATION OF ACCIDENT | | a. Exact Location | | | | | | | | | | 6a | | | | b. Type Location | | | | 6c. Grid Coordinates/Lat-Long | |
| d. State/Country | | e. <input type="checkbox"/> Off Post <input type="checkbox"/> On Post Name: | | | | | | | | | | 7. EXPLOSIVES/AMMO INVOLVED? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 8. MISSION | | a. Briefly describe the mission. | | | | | | | | | | b. METL Task? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED | | | | | | | | | | | | | | | | | | | | | |
| a. Type of Item (Nomenclature) | | b. Make/Model # | | | | c. Serial # | | | | d. Ownership | | | | e. Estimated Cost of Damage | | | | f. Vehicle Collision | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | |
| Material Failure/Malfunction Information (Blks 9g-9i) | | | | | | | | | | | | | | | | | | | | | |
| g. Failure Mode | | h. Part Nomenclature | | | | i. Part # | | | | j. Part NSN | | | | k. Part Manufacturer Code | | | | l. EIR/QDR Submitted | | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| a. Type of Item (Nomenclature) | | b. Make/Model # | | | | c. Serial # | | | | d. Ownership | | | | e. Estimated Cost of Damage | | | | f. Vehicle Collision | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Material Failure/Malfunction Information (Blks 9g-9i) | | | | | | | | | | | | | | | | | | | | | |
| g. Failure Mode | | h. Part Nomenclature | | | | i. Part # | | | | j. Part NSN | | | | k. Part Manufacturer Code | | | | l. EIR/QDR Submitted | | | |
| | | | | | | | | | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root causes(s) in Blk 10a. In Blk 10b., explain how the root causes(s) led to the materiel failure/malfunction.) | | | | | | | | | | | | | | | | | | | | | |
| a. | | LEADER (Not ready, willing, or able to enforce standards) | | | | STDS/PROCEDURES (Not clear, Not practical) | | | | SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities) | | | | b. Describe how the materiel failed/malfunctioned and explain why (root cause). | | | | | | | |
| <input type="checkbox"/> Direct Supervision <input type="checkbox"/> Unit Command Supervision <input type="checkbox"/> Higher Command Supervision | | <input type="checkbox"/> AR <input type="checkbox"/> TM <input type="checkbox"/> FM | | <input type="checkbox"/> SOP <input type="checkbox"/> Other <input type="checkbox"/> None Exists | | <input type="checkbox"/> Equip/Materiel Improperly Designed <input type="checkbox"/> Equip/Materiel Not Provided <input type="checkbox"/> Inadequate Facilities/Services | | <input type="checkbox"/> Inadequate Manufacture <input type="checkbox"/> Inadequate Maintenance <input type="checkbox"/> Other | | 10b | | | | | | | | | | | |
| 11a. NAME (Last, First, MI) (Include Address and UIC if different than Blks 6a and 6b.) | | | | | | 12. SSN | | | | 13a. PERSONNEL CLASSIFICATION | | | | 13b. DATE ASSIGNED/HIRED (YYYYMMDD) | | | | | | | |
| 11a | | | | | | | | | | 13a | | | | | | | | | | | |
| 11b. HOME ADDRESS | | | | | | 13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE, IF APPLICABLE (YYYYMMDD) | | | | 14. MOS/JOB SERIES | | | | 15a. DUTY STATUS | | 15b. IF OFF DUTY (If on leave/pass) | | | | | |
| | | | | | | | | | | 14 | | | | <input type="checkbox"/> On-duty <input type="checkbox"/> Off-duty | | <input type="checkbox"/> Leave <input type="checkbox"/> Pass | | | | | |
| | | | | | | 16. DOB (YYYYMMDD) | | | | 17. GENDER | | | | 18. PAY GRADE | | 19. FLIGHT STATUS | | | | | |
| | | | | | | | | | | 17 | | | | 18 | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|--|--|--|--|
| 20. MOST SEVERE INJURY (See Instructions) | | a. Degree | | Date of Death (YYYYMMDD) | | b. Type | | c. Body Part | | d. Cause | |
| 21. LOST TIME | | ACTIVITY | | 20 | | | | | | | |
| a. Days Hospitalized b. Days lost not Hospitalized c. Days Restricted d. Treated in ER <input type="checkbox"/> Yes <input type="checkbox"/> No | | 23. ACTIVITY CODE (If activity is parachuting, complete Blk 30) | | 24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK | | | | | | | |
| 22a. OSHA Log 300 Case No. | | | | 24 | | | | | | | |
| b. Name of Physician | | | | | | | | | | | |
| c. Name and Address of Treatment Facility | | | | | | | | | | | |
| 25. PERSONAL PROTECTIVE EQUIPMENT | | AVAILABLE? | | USED? | | | | 26. ALCOHOL/DRUGS CAUSE/CONT | | 27. EQUIP THIS PERSON WAS ASSOCIATED WITH? | |
| Ch. 25 | | Yes No | | Yes No | | N/A | | 26 | | (Enter Item No. from Blk 9) | |
| <input type="checkbox"/> a. Seat Belt | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Yes BAC % <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| <input type="checkbox"/> b. Restraint System | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | 28a. LICENSED TO OPERATE EQUIPMENT | | 28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING | |
| <input type="checkbox"/> c. Goggles/glasses/visor | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____ | |
| <input type="checkbox"/> d. Gloves | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | 28c. MSF CERTIFIED | | 29. DUTY HOURS | |
| <input type="checkbox"/> e. Ear Plugs | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____ | | a. Time work began (e.g., 0645): _____ | |
| <input type="checkbox"/> f. IBA | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | | | b. Continuous hours: _____ | |
| <input type="checkbox"/> g. Other (Specify) | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> h. Helmet | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> | | 30. HRS SLEEP LAST 24 | | 31. TACTICAL TRAINING | |
| <input type="checkbox"/> DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34. FIELD EXERCISE/NAMED OPERATION | | | | | | 35. NIGHT VISION SYSTEM USED | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide name: _____ | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide type: _____ | | | | | |
| 36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from Instructions) in Blk b and describe in Blk c. | | | | | | | | | | | |
| a. Mistake | | c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage. | | | | | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | 36c | | | | | | | | | |
| b. Code | | | | | | | | | | | |
| 37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.) | | | | | | | | | | | |
| a. | | LEADER (Not ready, willing, or able to enforce standards) | | TRAINING (Insufficient in Content/Amount) | | STDS/PROCEDURES (Not clear/Not practical) | | SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities) | | INDIVIDUAL (Mistake due to own personal factors) | |
| <input type="checkbox"/> | | <input type="checkbox"/> Direct Supervision | | <input type="checkbox"/> School | | <input type="checkbox"/> AR <input type="checkbox"/> SOP | | <input type="checkbox"/> Equip/Material Improperly Designed | | <input type="checkbox"/> Inadequate Manufacture | |
| <input type="checkbox"/> | | <input type="checkbox"/> Unit Command Supervision | | <input type="checkbox"/> Unit | | <input type="checkbox"/> TM <input type="checkbox"/> Other | | <input type="checkbox"/> Equip/Material Not Provided | | <input type="checkbox"/> Inadequate Maintenance | |
| <input type="checkbox"/> | | <input type="checkbox"/> Higher Command Supervision | | <input type="checkbox"/> Experience, OJT | | <input type="checkbox"/> FM <input type="checkbox"/> None exists | | <input type="checkbox"/> Inadequate Facilities/Services | | <input type="checkbox"/> Other | |
| | | | | | | | | | | <input type="checkbox"/> Poor/Bad Attitude <input type="checkbox"/> Fatigue | |
| | | | | | | | | | | <input type="checkbox"/> Overconfident <input type="checkbox"/> Alcohol, Drugs | |
| | | | | | | | | | | <input type="checkbox"/> In a Hurry <input type="checkbox"/> Fear/Excitement | |

37b. Describe root cause(s) (reason) and tell how it/they caused the mistake.

37b

38. PARACHUTE INFORMATION FOR PERSON LISTED IN BIK 11.

| | | | |
|-------------------------|----------------------------|---|---|
| a. Jumper Height | g. Wind Direction/Speed at | m. Type of Last Jump | 39. ENVIRONMENTAL CONDITIONS a. Present: #1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk b. Caused/Contributed: #1 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk |
| b. Jumper Weight | Jump Height Drop Zone | n. Number of Previous Jumps | |
| c. Type of Jump | h. Jump Altitude | o. Date Graduated Basic Airborne Training (YYYYMMDD) | |
| d. Parachute Type/Model | i. Position in Stick | p. Type Aircraft | |
| e. Equipment | j. Door Exited | q. Accident Factors (parachute): (Explain as necessary) | |
| f. Wt. of Equipment | k. Time Pre-jump Conducted | | |
| | l. Date of Last Jump | | |

40. PROVIDE BRIEF SYNOPSIS OF ACCT (Use additional sheets if required)(Explain sequence of events, tell how acct happened.)

40

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

41

| 42. EXPLOSIVE/AMMUNITION INFORMATION | ITEM 1 | ITEM 2 | ITEM 3 | ITEM 4 |
|--------------------------------------|--------|--------|--------|--------|
| a. Lot# | | | | |
| b. Quantity | | | | |
| c. Net Explosive Weight (NEW) | | | | |
| d. DoDIC/DoDAC | | | | |

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

| | |
|--|--|
| a. Name (Last, First, MI), Rank Position/Title | b. Telephone No. DSN: |
| 43 | COM: _____ |
| | c. Email Address: _____ |
| 44. COMMAND REVIEW a. Name 44 | b. Signature _____ |
| | c. Rank _____ d. Date (YYYY/MM/DD) _____ |

| | |
|--|--|
| 45. SAFETY OFFICE REVIEW a. Name, Rank & Title | b. Phone Number |
| c. Email Address | d. Date Reviewed (YYYY/MM/DD) |
| | e. Local Report No. (Safety Office use only) |

Report ALL Injuries and Damaged Equipment

- Report Class A and B accidents **immediately** to Safety Office or IOC using Worksheet for Telephonic Notification Of Ground Accident, **DA Form 7306**
- Report Class C and D accidents to Safety Office within **14 calendar days** using **DA Form 285-AB (AGAR)** – Pure Edge
- Report First Aid injuries to the Safety Office within **14 calendar days** using the **Fort Lee Form 1051, Report of Injury**.
- Report all **equipment damage** that is or exceeds **\$2K**.
- Report all **On-Duty Military/Civilian** accidents
- Report all **Off-Duty Military** accidents which affect duty status:
 - Death or Disability
 - Lost Time or Restricted Duty (Profile)
- Report **Medical treatment** beyond First Aid
- Report potential contamination by **blood or potentially infections materials**
- Report **Loss of consciousness** for any length of time
- Report administered **O₂, IV, prescription, physical therapy**

Federal Employees Compensation Act (FECA) Workers' Compensation

Federal Employment Compensation Act - FECA - 5 U.S. Code Chapter 81

- FEDERAL EMPLOYMENT LAWS
- WORKERS' COMPENSATION

The Federal Employees' Compensation Act (FECA), 5 USC Chapter 81, provides benefits to Federal employees for work-related injuries or illnesses, and to the dependents if a work-related injury or illness results in the employee's death. It is administered by the Department of Labor, Office of Workers' Compensation Programs. The 12 OWCP district offices adjudicate the claims and pay benefits, and the benefits are charged back to the employing agency.

Division of Federal Employees' Compensation (DFEC)

CA-11 When Injured at Work Information Guide for Federal Employees

Introduction

The Federal Employees' Compensation Act (FECA) (5 U.S.C. 8101 et seq.) is administered by the Office of Workers' Compensation Programs (OWCP) of the U.S. Department of Labor. It provides compensation benefits to civilian employees of the United States for disability due to personal injury sustained while in the performance of duty or to employment-related disease. The FECA also provides for the payment of benefits to dependents if the injury or disease causes the employee's death. Benefits cannot be paid if the injury or death is caused by the willful misconduct of the employee or by the employee's intention to bring about his or her injury or death or that of another, or if intoxication (by alcohol or drugs) is the proximate cause of the injury or death.

Medical Benefits

An employee is entitled to medical, surgical and hospital services and supplies needed for treatment of an injury as well as transportation for obtaining care. The injured employee has initial choice of physician and may select any qualified local physician or hospital to provide necessary treatment or may use agency medical facilities if available. Except for referral by the attending physician, any change in treating physician after the initial choice must be authorized by OWCP. Otherwise, OWCP will not be liable for the expenses of treatment.

The term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist. If the physician selected has been excluded from participating in the Compensation Program the OWCP District Office will advise the employee of the exclusion and the need to select another physician.

TAGS:

The Office of Workers' Compensation Programs OWCP

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Publication CA-810
Revised January 1999

Injury Compensation for Federal Employees
Publication CA-810

U.S. Department of Labor
Hilda L. Solis, Secretary

CA-810
Revised 2009



U.S. Department of Labor
Office of Workers' Compensation Programs

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data

| | | | |
|--|---|---|---|
| 1. Name of employee (Last, First, Middle) | | 2. Social Security Number | |
| 3. Date of birth: Mo. Day Yr. | 4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 5. Home telephone | 6. Grade as of date of injury Level Step |
| 7. Employee's home mailing address (include street address, city, state, and ZIP code) | | 8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other | |
| City | | ZIP Code | |

Description of injury

9. Place where injury occurred (e.g., 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date injury occurred
Mo. Day Yr.

11. Date of this notice
Mo. Day Yr.

12. Employee's occupation

U.S. Department of Labor
Injury Compensation Claim Form:

13. Cause of injury (Describe what happened and why)

14. Nature of injury (Identify both the injury and the part of the body, e.g., fracture of left leg)

a. Occupation code
b. Type code
c. Source code
OWCP Use - NOI Code

Claimant's
Social Security Number (SSN):
Date of Birth (MM/DD/YYYY):

Claim Form Type
☒ CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation
☐ CA-2 Notice of Occupational Disease and Claim for Compensation

Enter claim Exit

Federal Employees Compensation Act

- **FEDERAL EMPLOYEES COMPENSATION ACT (FECA):** Federal law enacted by Congress under Title 5, United States Code, Section 8101 et seq.
- **Penalties for obstruction or fraud:** ≤ 10 yrs in jail and/or $\leq \$10,000$ fine
- **SCOPE:** Employees are entitled to benefits for job-related injuries and illnesses.
 - medical benefits (including transportation),
 - continuation of pay (COP),
 - compensation of lost wages,
 - scheduled awards for loss of body part or function of body part,
 - re-employment rights,
 - vocational rehabilitation
 - death benefits allowing funeral benefits and survivor compensation.
- **3 years from DOI to file a claim, so document on FL 1051.**

Continuation of Pay COP

- **COP Entitlement**
 - **CA-1: injury happened on 1 duty shift (entitled to COP)**
 - **CA-2: injury happened on 2 or more duty shifts (no COP)**
- **COP availability (45 day entitlement) if CA-1 filed w/in 30 days of DOI**
 - Doctors note unable for full or light duty
 - Allowed up to 4 hrs COP per appointment
 - Any part of a day taken is considered a full day's entitlement
- **Timecard**
 - Code day of injury as LU
 - Code number of hours COP as LT with injury number (MMDD)

Electronic Data Entry (EDI)

Requires specific formatting

- SSN format: no hyphens or spaces
- White field = required field
Yellow field = optional
Gray field = read-only
- Phone number format: no hyphens, no brackets, no spaces
- Date format: MM/DD/YYYY (4-digit year). System often auto-fills with current date.
- Date with Time: put a space between date and time, and between time and am/pm.
- Do not use military time.
- System auto-selects YES/NO answers.
- Narrative fields only accept 3-4 lines of text. Some fields also limit the number of characters.

FECA Resources

- Call Fort Riley, KS, Army Benefits Center, Civilian Injury Compensation Branch (ABC-C-IBC), for information and assistance. 1-866-792-7620
- Office of Workers' Compensation Program's EDI web-based system and tutorials at www.abc.army.mil
- CA-810 Supervisor Guide
<http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/CA-810.pdf>
- CA-11 Employee Rights Poster
<http://www.dol.gov/owcp/dfec/regs/compliance/ca-11.htm>